



AI1: Additional Information
Must be typewritten.

DEPT. BLDGS 310209306 Job Number
SC090917605 Scan Code

Page number 1 of 1 BIS Document No. 01

1 Location and Job Information Required for all applications.

House No(s) 1319 Street Name 50 STREET

Borough Brooklyn Block 5642 Lot 70 BIN CB No.

2 Revisions to Plans/Drawings Required whenever updating plans. All revisions for each page must be clearly described in section 3.

Submission is part of a Post Approval Amendment (PAA)? ☐ Yes PW1 required ☐ No Indicate all actions for this submission:

Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID

For "Action" use "N" for new page, "S" for superseding page, "O" for omitting page.

Is this section continued on additional AI1 forms? ☐ Yes ☒ No

3 Additional Information Required for all applications.

PLAN EXAMINATION
BOROUGH OF BROOKLYN
NYC DEPT. OF BUILDINGS
210 JORALEMON STREET
BROOKLYN, NY 11201

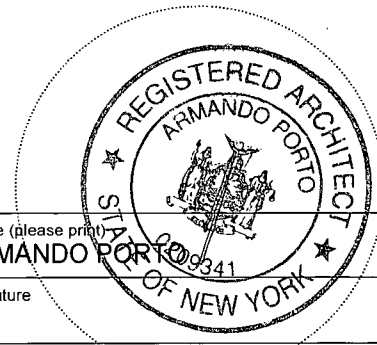
RESPECTFULLY REQUESTING TO SUPERCEDE APPLICANT OF RECORD

NEW APPLICANT:
ARMANDO PORTO
A PORTO RA
LISENCE # 209341

OLD APPLICANT:
RICHARD DELUCIA
RICHARD DELUCIA RA
License Number: 027915

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (please print)
ARMANDO PORTO
Signature Date



P.E. / R.A. Seal (apply seal, then sign and date over seal)